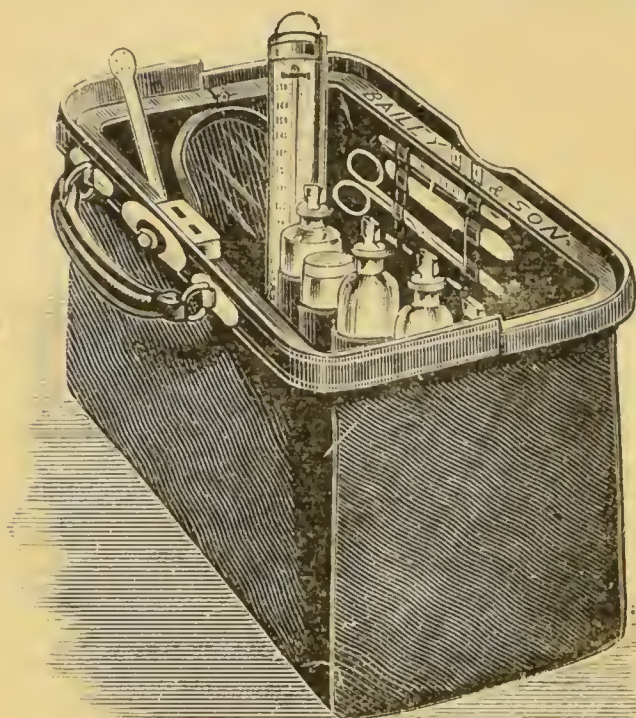


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ON

# DISTRICT NURSING



BY

AMY HUGHES

SUPERINTENDENT OF NURSES, BOLTON UNION WORKHOUSE; LATE  
SUPERINTENDENT OF THE CENTRAL TRAINING HOME,  
QUEEN VICTORIA'S JUBILEE INSTITUTE FOR  
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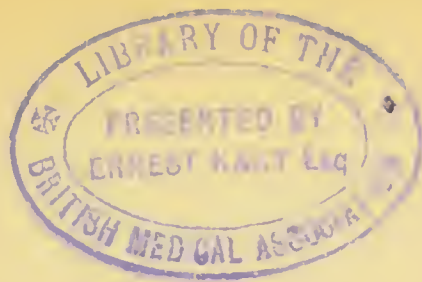
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OF THE POOR.



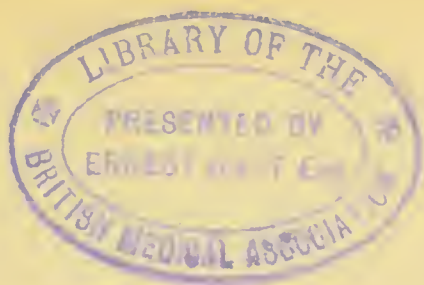
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## DISTRICT NURSING.

### I.

#### INTRODUCTORY.

NURSING in all its aspects has been so prominently before the public of late years that there are very few persons who have not some idea of what district nursing means. Briefly stated, it is nursing the sick poor in their own homes.

Since her Majesty devoted the bulk of the Jubilee offering of the women of England to extending this work, greater attention has been attracted to it, and it is now generally recognised as a definite branch of the nursing profession. It is work that has existed for long, and has been carried on under various conditions. New systems have been organised to improve its standard and extend its operations. Those interested in its history will find information in the *History and Progress of District Nursing*, by Mr. W. Rathbone. To the Metropolitan and National Nursing Association, Bloomsbury Square, London, and to Miss Florence Lees (Mrs. Dacre Craven), as its first Superintendent,

the credit is due of having organised a system of district nursing by educated women duly trained as hospital nurses, who were also specially trained in nursing the poor in their own homes.

Nursing the people in their homes is much more difficult than is generally supposed, and involves wider and deeper questions than are usually taken into consideration. It should be understood at the beginning that there is no sentimentality about district nursing. Those who take it up with such an idea are not only disappointed themselves, but do harm to the work. It is really a question of practical economy, the supply of a demand which increases with knowledge of its needs.

If the work be continued on right principles it will become a power in the land, and, therefore, its ultimate results, as well as its present effects, must be duly considered. It must be entirely free from all pauperising influences. Free nursing of the poor at home need be no more prejudicial in this respect than is free nursing in hospital, and its moral influence can be made to extend much further, benefiting not only the patients, but their friends and their homes. The power of keeping a home together, when the alternative is the workhouse, is a social question with far-reaching consequences. To shorten the bread-winner's illness by proper attention to the



doctor's orders, to save mothers of families from life-long effects of ignorance and neglect, to teach the proper management of infants and children, are gains to the community at large.

*Nurse not Almoner.*

The district nurse is a new element in the problem of dealing with poverty and pauperism *en masse*, and her position is hardly yet defined. It has been clouded by the abuse of charity, and to ensure future success the work must be done without suspicion of almsgiving—the hardest lesson to learn, not only for the nurse, but for those wishful to extend the work.

The temptations to give relief are so many—personal friends send money to spend on the cases, charitable people offer to provide whatever is needed, the patients appear so destitute that it seems cruel to refrain. But the nurse must learn to look for the cause of the distress, and let her impressions be guided and corrected by those who study these matters, and whose experience enables them to form a more correct judgment.

Doubtless immediate necessities for the patient are essential, but whenever possible, the friends should be at some trouble to obtain them rather than the nurse should be expected to do so. The true way to help the poor is to teach them to help themselves.

There is plenty of independence and self-respect among them, though often oddly enough expressed, and the nurse must have a care not to sow seeds of dependence on outside help when sickness and trouble invade the home, which may bear fruit in the workhouse. If the poor are trained to believe relief and nursing go hand in hand, and that everything will be provided for them in illness, what encouragement is there for thrift and laying by for a rainy day? In midwifery work this is even more especially the case—free doctors, free nurses, free clothing bags, free dinners, destroy that maternal instinct of preparation which the very animals possess. A nurse can do so much if she only understands how important the subject is. Brought face to face with the effects of imprudence by sudden illness, many a man will join a club or benefit society on his recovery.

By regular payment when health and wages are good to the Foresters, the Hearts of Oak, or some other secure society, a member receives regular and sufficient "sick pay" when ill, either in hospital or at home, to keep the wolf from the door, and save the weary anxiety which often retards convalescence out of due proportion to the illness.

Wives and mothers can be encouraged to join clothing and blanket clubs.

The children can be persuaded to save their

pennies for the boot club, the country holiday fund and the penny bank, thus sowing seeds of thrift in their young minds. Such domestic details come under the nurse's notice every day, and if she only appreciates their importance the heaven will spread. And in advocating true thrift she can earnestly protest against the deepest wrong of modern childhood—the insurance of children's lives.

### *Opportunities and Influence.*

It is the opportunities given by district nursing that make it so important, and now so many nurses wish to join it, they should realise what the work involves.

It is not nursing alone, though that must be as perfect and well-disciplined as experience and training can ensure, but moral influence, to which there is practically no limit. This is a high and some may consider an exaggerated standard of district nursing, but it is not more than the consequences warrant.

The influence of a good nurse is felt after her services are concluded ; her aim should be not only to establish kindly personal relations, but to effect lasting good. It is no easy matter ; disappointment and discouragement are ever close at hand. But as the coral reefs of the Pacific are the productions of myriads of tiny

workers, so each earnest district nurse who sows the seeds of thrift, self-help, self-restraint, self-respect in the round of daily work is a helper, however obscure her path of duty, in solving the social problems of the day.

### *Definition Needed.*

Unfortunately, not only do district nurses often fail to grasp what their work includes, but those who desire to aid and extend it are frequently in the same position.

Since district nursing has become more known the demand for nurses is rapidly increasing. The utility of the work is recognised, and those interested in the welfare of the poor feel they are meeting an urgent need by obtaining this benefit for them. At present, however, the popular definition of a district nurse varies with every request to supply one.

Some require a homely, respectable woman to live in the patient's cottage, and who, in addition to attending to the invalid, is to clean the house, prepare the food, and do the washing for the family. Trained nursing experience is not required; three months spent in accompanying a trained nurse on her rounds is considered amply sufficient. Others ask for a nurse not fully trained, "as there is not much sickness in their district," whose spare time is to be devoted

to parochial work, including teaching in the Sunday school.

With few exceptions inquirers unite in expecting the combination of all nursing virtues for the lowest possible salary.

### *Ignorant Workers.*

It cannot be too widely known that nursing of every kind is no exception to any other trade or profession. A woman with a natural inclination for it forms an apt pupil, but that much quoted individual, the "born nurse," if she wishes to succeed, must begin with the ABC of her work, even as a "born poet" is constrained to learn his alphabet. Knowledge and experience are essentials, and these are not acquired in a hurry—yet women of all classes, with varying mental abilities and educational advantages, are considered capable of undertaking almost the most onerous and responsible life open to their sex, with three months' initiation into its requirements! Given a clinical thermometer, an acquaintance with the making of beef-tea and poultices, and a smattering of technical terms, they start happily as "district nurses". Such workers in a hospital would be under constant supervision, with experienced advisers always at hand to correct and prevent mistakes. But in the homes of the sick poor they are called



upon to perform duties which tax the skill and knowledge of those whose years of experience exceed the months of the novices, and yet the utter incongruity of it all escapes the notice of those most anxious to do good.

These attempts to bring alleviation in absolute ignorance of the real needs of the sick work harm rather than good. The uninitiated visitor carries away the firm conviction that all is well if the invalid looks clean, the bed spread with a neat quilt, and the room tidy. But it is left to the doctor to discover the strain that has been imposed upon patient and friends alike to produce this effect. When every movement causes pain, or unnecessary exertion may lead to dangerous complications, too often the helpless patient is taken out of bed in order to make it, raised into a sitting position to remove soiled clothing, etc., or turned from side to side half a dozen times, when skill born of training and experience could easily produce comfort with little or no effort or fatigue.

It is not surprising that, rather than expose his patient to such a process, the doctor gives the order he is not to be moved at all.

Let any one who has been really ill try to realise what this means. The bed unmade, uncomfortable, too often soiled and evil-smelling, thorough ablutions suspended for days and even weeks, hair uncombed, mouth uncleansed, and



frequently the additional pain of bedsores, if the illness be severe and prolonged ; while the attentions of the so-called nurse and friends are painful necessities, to be avoided as much as possible. Men, women and children do live and are living through all this and worse, but at what a cost ! Recovery delayed, constitutions weakened, mental worry intensified, heavily handicapped in the struggle back to health, and all due to an ignorant economy which holds that a "fully trained nurse is not necessary for the poor". It is no question of luxury, it is stern necessity. Disease is no respecter of persons, nor do pain and discomfort become diminished because the sufferer lives in a cottage instead of a mansion. To entrust the nursing of the poor in sickness to women of little and no experience is no more justifiable than to limit their medical relief to unqualified practitioners.

*Advice and Co-operation of Medical Men  
Desirable.*

Amongst the many schemes now afloat for introducing nurses wholesale into every part of the United Kingdom there is one point which seems to have escaped notice. Presumably the object is to lessen suffering by providing persons capable of supplementing the work of the medical men by carrying out orders intelligently, and

putting the patients and their surroundings into the most favourable conditions possible. If this be so, is this work being done to the satisfaction of those most competent to judge, the doctors themselves? No committees, no visiting ladies, however interested in the subject, can decide this point, and yet the judgment of the medical men, who are really most concerned, is not made a prominent feature at all, and too often is altogether overlooked.

A "nurse" is engaged by an unprofessional committee, placed in a district, and doctors and patients left to make the best of her. There is no standard by which her work can be judged, no one in authority competent to do it, and therefore unless egregious faults are committed, she is left to her own sweet will.

The crux of the whole matter lies in the fact that outside the nursing profession, and, indeed, until comparatively recently, within it, the necessity of more rather than less training for this special work has not been realised.

The standard of the Metropolitan and National Nursing Association, and its plan of work, afterwards adopted as a model and extended in its operations by the Queen Victoria's Jubilee Institute for Nurses, were designed to meet this great need, and to place district nursing on a sound basis.

## II.

## PREPARATION FOR DISTRICT NURSING.

IN most of the training schools, both metropolitan and provincial, an impression exists that the majority of district cases being "chronic" ones, highly trained nursing is wasted in this work. The error is due to ignorance of what is really required, and will be dispelled in time as more is known of what district nursing involves. Nurses are called upon to undertake exactly the same cases as in hospital work, with the added disadvantages of unfavourable surroundings.

*Surgical Work—Operations.*

In London and large provincial towns where hospitals and infirmaries abound, major surgical operations are not frequently attempted in the homes of the poor, though many more are accomplished than might be supposed. But in places where hospital accommodation is limited, or at too great a distance, the nurse must be prepared single-handed to attend operations, etc., for which in hospital three or four nurses are set apart. She must be well acquainted

therefore with the special duties required of her, and so able to render intelligent, helpful service, not only at the actual operation, but in the preparations beforehand of room and patient, and the nursing afterwards. Minor surgery in all its branches is constantly being done, and once the doctors realise the nurse is competent, much responsibility devolves upon her. She is entrusted with dressings of every kind ; her report of the case is often accepted by the busy, over-worked district doctor, and if her knowledge be limited in what she observes sad results may ensue.

### *Chronic Cases.*

There is no want of good work either amongst the chronic class of patients. For instance, few hospitals receive cancer in its last stages, and the relief that can be afforded to the victims of this dread disease by skilled surgical nursing can only be realised by those who have seen it. These patients need exactly the same experience in handling them and dressing their wounds as the most complicated operation case, and the more skilled the nurse the more devices she knows to give ease and comfort. District surgery calls for complete knowledge of the art of bandaging ; the nurse may have to apply each or all of the many kinds, and in the case

of varicose veins, ulcerated legs, etc., firm, regular pressure obtained by a properly adjusted bandage is often half the cure. To the nurse also falls the readjustment of various splints and surgical appliances. She should be able to put on extensions, generally with only the appliances she can invent, and prepare and apply starch and gum bandages when ordered.

### *Medical Work.*

In medical work the field is wider still ; thorough knowledge of the more pronounced symptoms of diseases of the respiratory organs, cardiac, renal, abdominal, and throat affections, the various forms of fever, etc., is required, so as to carry out intelligently the treatment ordered by the doctor.

District nurses must understand tracheotomy cases, the giving of hot air or vapour baths to patients, in or out of bed ; hot and cold packs, dry cupping, leeching, internally and externally ; nasal and rectal feeding, use of catheter, and washing out the bladder, hypodermic injections, the application and dressing of blisters, the making and application of various kinds of poultices, and fomentations ; in fact, have every detail of nursing at her finger ends when called upon.



*Obstetric Work.*

Knowledge of obstetric work is also essential. Nurses must be able to assist at the special operations, understand the right positions for operations and examinations, the best method of irrigation and douching, the use of the speculum and plugging with and without it, the adjustment of the various pessaries, etc.

*Monthly Nursing.*

All district nurses need not be midwives, but this particular knowledge is most valuable, especially in country posts, and at any time an emergency may arise when the knowing what to do at once may save a woman's life. Monthly nursing is indispensable; half the troubles of poor mothers arise from ignorance and neglect during the times of lying-in, and three-fourths of the blind are rendered so by want of proper attention to the new-born infant's eyes. In no other branch of nursing is the intelligent and thorough use of antiseptics more required.

*Necessity for Special Training.*

As these different cases make up the everyday work of a district nurse, the plea for complete training in every detail of her work cannot be lightly put aside. But there is danger on the



other hand of every fully trained nurse thinking she is therefore qualified for the work.

Many nurses, after varied experiences, decide to "take up district nursing" for a change, never doubting they are equal to all its demands. They obtain a post, plunge into the work without the least idea of its peculiar difficulties, and then doctors, patients and nurse suffer alike from the experiment.

It is here that the necessity of training in district work steps in.

Every nurse should spend at least six months in one or other of the established training homes where experience has taught the best lines on which to conduct the work. The idea of entering as a "probationer" repels some at first who fail to realise the different methods needed in the district, but special knowledge is essential for success.

Ideal preparation for district nursing would be at least two years in a large general hospital, with experience in nursing children included; and six months' fever nursing. Then six months in a district home where, in addition to general nursing, monthly nursing, practical sanitation, and cottage cookery were taught. Such experience, with the right character and spirit for the work, would make a district nurse whose influence would lead to the best results.

The personal character of the nurse is really

the mainspring of the whole, and comes even before her nursing abilities.

The three main essentials of a good district nurse may be briefly summed up as :—

1. Intelligent obedience to doctors' orders.
2. Love of the work.
3. Common sense.

### *Loyalty to Doctors.*

Without loyalty and obedience to her superior officers, the doctors for whom she works, a nurse is worse than useless. It does not seem to occur to those who disregard orders given them and apply their own remedies, that such conduct is dishonourable. The cases are under the doctor's care, and he is responsible for them ; the nurse is there to carry out the treatment, and failure to do this becomes untrustworthiness.

However skilled a nurse may be, she cannot have the same practical knowledge of the conditions of the body in health and disease as the medical man, who gives years of study to qualify for his profession. Yet too often the diagnosis is doubted, the treatment questioned with the audacity of inexperience. It is quite true a district nurse has often to work under practitioners who do not interest themselves greatly in their patients nor use the best possible means for their relief ; but that is not her

business. The doctor alone is responsible, and if the nurse undertakes the case for him she must not interfere. It is a hard lesson to learn, like the question of giving relief; but disregarding it is so dangerous that too much emphasis cannot be laid upon it.

A temptation that arises out of highly trained experience is prescribing for and treating minor ailments without a doctor. The nurse is often asked for a remedy for some childish ailment, to treat an ulcer of long standing, to apply poultices or other soothing applications, and it is difficult to refuse. But it should be a rule "to do nothing without doctors' orders," except under most special circumstances or in an emergency. It is very easy to fall into the habit of advising and prescribing for small maladies, but the nurse who steadily refrains is a gainer in the long run. When the doctors find she is content to remain within her own sphere, and not interfere with their work, they cease to regard her with suspicion and learn to trust her, knowing she will not try experiments upon their patients.

### *Loyalty to Patients.*

The necessity of loyalty to patients does not always impress nurses sufficiently, though it is indispensable, and for district workers specially anything approaching to gossip must be scrupu-

lously avoided. Unsuspected and irremediable mischief may easily be wrought by indiscreet remarks about patients, their ailments and family affairs. Silence is necessary not only amongst the people themselves, but to those with whom the nurse may be connected. No nurse is justified in talking over the domestic affairs of the humblest of her patients with district visitors, members of the committee, etc., unless there is a definite object in so doing with a view to obtaining help or advice in some difficulty. Many justly resent such a betrayal of their private arrangements, and it is a grave error to thus lower proper pride and self-respect. It cannot be too thoroughly realised that confidences gained in the exercise of her calling are to be guarded as sacredly by a nurse as those learned by doctors, lawyers, and others who deal with the inner lives of men.

*Love of the Work, Courtesy, Tact and Refinement.*

Love of the work for its own sake must exist over and above the love of nursing. A district nurse needs that sympathy with her patients which enables her to fall readily into touch with them and understand their difficulties. There is so much to discourage also, unless her heart is in her work. The difficulty of making the people understand the necessity for altering

many of their ways, the dirt and untidiness of the houses, the want of appliances, are trials to the earnest worker. There is plenty of brightness also, however, and she must take sunshine with her. A bright smile and a cheery word will alter the tone of a whole day for many a patient, taking them out of themselves for a time and cheering them up. Great tact and perfect courtesy are always essential; however poor, "an Englishman's home is his castle," and nurses in their zeal to effect improvements must not overlook this. Courtesy overcomes prejudice in time, and the roughest of patients and friends insensibly soften when met by uniform pleasantness and politeness.

Refinement is another necessary quality; if not genuine, only acquired, it is apt to be laid aside in the details of district work. Educated intelligence gives the nurse a higher grasp of her calling, and the wider her knowledge of "men and manners" so much the more can she advance its cause.

### *Common Sense.*

Common sense, unfortunately, is a quality which is somewhat rare, and very few people cultivate the small quantity they possess. There cannot be rules and regulations for every difficulty that may arise, and district nurses must learn to look at and judge things from more



than one point of view. Training will aid them somewhat and prevent a repetition of errors by teaching the result of others' experience.

District nurses must not be mechanical, and one of the great objects of special training is to avoid this failing. They must learn to make use of what materials may be at hand, to adapt themselves readily to special wishes of the doctors, and local peculiarities of the people. Genuine district nursing is the art of bringing about the best results under the most disadvantageous circumstances, guiding patients and friends imperceptibly into the right way.



## III.

## PRACTICAL WORK.

*The Uniform.*

THE first details to be considered in beginning the actual work are the uniform and the bag. The uniform must be practical and durable.

The dress should always be of washing material, ordinary walking length, and plainly made, as frills and pleatings only harbour dust, and, alas ! vermin also. Large bib aprons with straps and without pockets, and oversleeves buttoning closely at the wrist and coming over the elbow are absolutely necessary. These are better made of brown holland for town wear at any rate, as white aprons are a consideration with the really dirty work that has to be done, and a nurse at work in a soiled apron and sleeves is most unprofessional. Pockets are very undesirable, as they may form an unsuspected lurking place for germs, and in going from case to case a nurse must be most careful in this respect. For the same reason, no rings, except a plain gold band, or jewellery of any kind beyond a plain watch chain, should be worn while on duty. The

sleeves protect the dress sleeves, and fastening at the wrist is a necessary precaution against the enemy!

Two cloaks are necessary for summer and winter wear. The summer one should be thin and yet shower-proof; the winter one as warm and as light as possible. District nurses cannot bear thick, heavy materials—in wet weather they become heavier still, and are a great addition to the fatigue of walking on muddy roads or slippery streets.

The shape should be one that distributes the weight equally and allows the arms to be put inside or out with perfect ease. Circular cloaks are not sufficient protection when it is necessary to hold up an umbrella. The district cloak should have conveniently placed armholes, and be wide enough to button easily all down the front, and yet allow plenty of room for the bag to be carried underneath. If carried outside the bag soon becomes shabby, and is also apt to rub the cloak. Adjustable hoods are a great convenience to country nurses, as they can be drawn right over the bonnet, and so dispense with an umbrella—a consideration to those whose distances require a pony cart or bicycle. The use of bicycles in favourable country places is becoming general amongst district nurses. This necessitates some modification of the uniform, and so far as present experience shows, a

cape is preferable to the long cloak. The dress of washing material should certainly be retained, over a thicker skirt, with elastic straps to prevent disarrangement by the wind. Nurses who ride these useful machines should wear knickerbockers, as being more convenient and a great preventative against chill. The bag or a satchel specially arranged for the purpose is easily carried on the machine. In summer plain broad-brimmed hats are preferable for these nurses, whose duty requires them often to walk or drive some miles along glaring, dusty roads. For general wear, a neat bonnet, trimmed with ribbon in preference to velvet, in case of sudden showers, with a white frill and white washing strings, is the most suitable.

Veils are a mistake for district nurses; they quickly become shabby, and are in the way of the work. They look untidy also when tucked into the apron straps at the back, as is often done of necessity when the nurse is stooping over the beds, etc.

Special care should be paid to the boots and shoes. Heavy ones are bad for the feet, and increase the fatigue of walking. Light, strong soles, soft leather, square toes, and broad, moderately high heels, are the most suitable.

Woollen underclothing should always be worn, even in summer, for the nurse is easily liable to chills when tired and overheated.

*Neatness.*

District nurses should specially aim at absolute neatness of appearance, all the more because the nature of their work makes it difficult to keep so on their daily rounds.

*Hair.*

Tidy hair is a *sine qua non*. A nurse with a fringe blown out of all order, and a fashionable arrangement at the back of her head also dishevelled by the wind, is hardly an object lesson of neatness to her patients.

*Bonnet.*

The bonnet should always be securely fastened as it is apt to become displaced. The pins used for this purpose must not be longer than really necessary. A serious injury might be given while moving or lifting a patient, if the projecting end came in contact with the face or head. The strings should be quite clean, not too wide nor too long, and tied in a smart bow under the chin. Nothing looks worse than a limp crushed knot all on one side. It gives a slovenly look to the whole appearance.

*Collars, etc.*

Collars, cuffs and pocket handkerchiefs should be of irreproachable cleanliness. A little management will prevent extravagance and yet secure a

fresh clean effect. Aprons and oversleeves must be changed frequently ; they should not be worn if soiled and crushed.

### *The Cloak.*

The cloak must be well brushed, all mud removed, and no dust left in seams or round the collar. It should be worn buttoned down the front so as to cover the apron. Some nurses appear to think a flowing cloak is becoming, perhaps even picturesque, but the dress is one for work, not adornment, and the cloak is designed to keep both it and the apron dry and clean. If the weather is too hot, it is neater to dispense with the cloak altogether than let it float limply round the wearer.

### *General Uniform.*

It may not be amiss to call the attention of nurses to the fact that if they are required to wear a certain uniform while working for a home or institution, they are bound not to introduce alterations in it on their own account. Very few seem to realise that to do so is dishonourable, though wearing a given dress is part of their agreement. Soldiers, sailors, postmen, policemen, all wear a regulation uniform while on duty—in most instances nurses engage to do the same, and yet constantly fail to keep this part of their contract.



*Care of Hands.*

It is not easy for a district nurse to keep her hands and nails in good order as her work is so varied, but it is most essential that the nails should be closely cut and all hangnails carefully trimmed.

Gloves should not be dispensed with in winter, as the skin is tender with the use of so much water, as well as of various liniments, etc., and cracks and roughness predispose to poisoned fingers. A few drops of glycerine rubbed over the hands after washing and before drying them, will keep the skin smooth and soft. A little can easily be carried in the bag for use on the round. Stains from using Condyl's fluid are removed at once by dipping the hands in saturated solution of oxalic acid, which has no injurious effect upon the skin, though the hands must be washed afterwards with soap and water.

*The District Bag.*

The next consideration is the bag. It must be as light as possible, and yet large enough to carry all the nurse requires. The one made for the Queen Victoria's Jubilee Institute by Houghton & Sons, Southampton Row, W.C., fulfils both these essentials. It is lined with leather, has a stand for six 1-ounce glass stoppered



bottles, and six glass pots,  $1\frac{1}{2}$ -ounce size, with screw lids, two inside pockets, and one outside. Five of the bottles are plain glass, and contain methylated spirits (for backs), turpentine, olive oil, carbolised oil, creoline. The sixth is coloured, and contains pure carbolic acid. The pots contain powder for backs (1 part boracic to 2 parts starch), boracic powder, permanganate of potash, boracic ointment, zinc ointment, carbolised vaseline. A small pot of iodoform is also carried, and corrosive sublimate tabloids in special cases. A medicine and minim glass in case, a complete Higginson syringe, glass tube (without a terminal hole), and flexible catheter in a sponge bag, a 2-ounce glass syringe, a poultice spatula, a light tin case for strapping, an ink bottle, box of matches, and needlecase, with thimble, bodkin, tapes, cottons, and safety pins, are all needed.

Other excellent bags are also made by Bailey of Oxford Street, Maw, Allen & Hanburys, Hockin, Wilson & Co., etc.

### *The Nurse's Case.*

Each nurse usually has her own case, which contains a clinical thermometer, probe, surgical and nail scissors, dressing forceps, caustic holder, and ointment spatula. If she has not a second hand on her watch, a 30-second pulse glass is necessary.

A square of thin mackintosh is advisable, on which dressings can be prepared, and which can be used to cover a fomentation in an emergency. A light *papier-maché* kidney-shaped receiver is also needed. A washing bag shaped like a night-dress case divided into four contains old linen, wadding, tow, and carbolised tow for ordinary use. Special dressings, such as medicated lint and wools, should be securely fastened in thin mackintosh or jaconet bags, the smooth surface inside. The pockets contain pen and pencil, blotting paper, charts and message papers for the doctors, and the envelopes for them. The practice of providing stout envelopes for holding these charts and message papers is a convenient and cleanly one. Often charts are pinned on the wall, but unless specially desired by the doctor, it is wiser not to leave the record of temperature, etc., for the patient to notice, and too often to worry over, and for the edification of friends and neighbours. Strong cartridge or brown paper envelopes last a long while, and preserve the contents intact, even when carried daily from the patient's house to the doctor's dispensary. The outer pocket of the bag contains a small hand-towel, and soap box with carbolic soap and nail brush for the use of the nurse.

Other nursing appliances, such as bath thermometers, ball syringes, etc., are usually pro-

vided, but only taken for special cases. The great point is to carry all essentials, but no extras.

### *Time on Duty.*

The hours to be spent on duty are usually and wisely limited to eight daily, five in the morning, and three in the evening. A nurse working single-handed has heavier calls upon her physical powers than would be required in an institution where trained help is available.

The necessary walking between the cases, and very often the climbing of many stairs, especially in model buildings, add greatly to the fatigue, and though longer hours can be and are undertaken, sooner or later the inevitable results of overstrain ensue.

### *Hours of Starting.*

The hour of starting in the morning should be guided somewhat by local circumstances. A nurse is not a welcome visitor, and is apt to be unnecessarily delayed, if she pays her first visit during the breakfast time of the master of the house, or while the children are being prepared for school. A little discrimination in this matter will often prevent much waste of valuable time.

### *Organisation of Round.*

The usual time is from 8 to 8.30 A.M., so

that the first case on the list is reached before 9 A.M. It should be the rule to visit acute cases, especially poultice and temperature ones, as early in the round as possible, and also in the order of their severity. A sensible nurse will do fuller justice to herself and her patients by working on a regular system with regard to this matter. Of course, the relative distances of the cases must be considered, but a little organisation will generally ensure the worst cases being taken first, and the convalescent and chronic ones later. It is quite possible to thus arrange a second visit to any very serious case at the end of the morning. A good rule is to fix 10.30 A.M. as the latest time to take a morning temperature. This arrangement of cases is a problem which confronts all district nurses, and it is the more difficult to work out satisfactorily because no rules can be given. It is a point which too often does not receive due consideration, and nurses are found going first to a chronic ulcer of leg because it is nearer their starting point, and leaving an acute bronchitis until quite late in the morning. It is a wise rule to visit each case as nearly as possible at the same time each day; but still the patients must learn that the worst cases must be first attended, and if the reason is pleasantly explained, the most exacting of chronics (a familiar type to district nurses) will generally accept the ex-



planation and be content to wait a little longer than usual.

On the other hand, the nurse should not alter her round except for a good reason, as, if expected about a certain time, the things for her use are generally got ready. This means much to the friends of the patient in summer time when fires go out and hot water is required. This is then either heated on an oil stove or borrowed from a neighbour who is "washing".

### *Attendance on the Nurse.*

One point must never be forgotten, that the nurse must not *expect* to be waited upon by the friends or relations of the patient.

Very often the woman who apparently comes in voluntarily "to help nurse" is being paid for her services by the patient, thus causing an unsuspected drain upon the family exchequer. Or the relation may be a dressmaker, or employed in piecework of some trade, and is literally losing money during the time she is with the nurse. It takes a long time to find out these and many similar facts about the lives of the poor, unless the nurse is guided by the experience of others, for the people are not likely to mention such matters, especially when grateful for the nurse's skilled help.

At the same time, if there are elder children,

a husband out of work, or others really able to be in the home, it is good for them to learn to put the room and fireplace in order before the nurse comes, to see there is hot and cold water ready, and put out basin, towel, soap, etc. They can be thus taught forethought for others, and to feel they are saving the nurse's time to give to another patient.

### *Time given to Individual Cases.*

The time spent with each case *must* depend upon what is needed; no rule can be laid down. On an average a man takes thirty minutes, a woman forty-five, including making the bed. The woman's hair takes more time to comb and plait. The round should end between 1 and 1.30 P.M., and it is well for nurses to have a glass of milk and a biscuit in the middle of the morning. When shops are impossible, a square or two of chocolate *meunier* and the biscuit are advisable. It is very injudicious to work on when hungry, especially in close rooms or attending to foul-smelling cases. The hands should be thoroughly cleansed before touching any food, and one rule should be invariable, *viz.*, never to accept milk nor water in a patient's house, however clean the offered cup or glass may seem. Many cases of typhoid, scarlet fever



and even diphtheria have resulted amongst district nurses in consequence of disregarding this rule.

### *Afternoon Rest.*

After five hours' continuous work the nurse should rest for two hours in the afternoon, and this should be really rest, not merely change of activity, though of course reading need not be excluded.

### *Evening Round.*

The evening round usually begins from 4.30 to 5 P.M. after tea, and then the worst cases should be visited as late as possible to make them comfortable for the night. In very serious cases a visit is generally necessary after supper, between 9 and 10 P.M., in addition to the earlier one. No temperature should be taken nor poultices changed before 5 P.M. The nurse is usually free from 7.30 to 8 P.M. These hours of work necessarily vary, but no nurses, especially those living alone, or with one other worker, should let zeal outrun discretion. Overwork only means eventual curtailment of usefulness; the constant strain of attempting too much reacts upon mind and body, destroying the patience and cheerfulness so essential to success, and often causing a regular breakdown and enforced rest for much longer than the nurse desires.

*Night Work.*

The question of night duty is sometimes a difficulty, for in some cases, *e.g.*, tracheotomy, the patient's life depends in a great measure on the constant attention of a trained nurse. Such cases cannot be refused, but they must be quite the exception, and with the consent of those to whom the nurse is responsible. It seems hard to refuse aid to very severe cases, but when a nurse cannot obtain the necessary rest it is not fair to her other patients. With a little care it is not difficult to select a trustworthy person to administer nourishment, medicine, etc., regularly through the night and follow the instructions given. Some of these women are excellent, taking quite a pride in the cases, and ready to go on from one to another as required.

*A Typical Case.*

It can well be imagined how strange is the first plunge into district work after hospital experience. Everything is so totally different, that though there both patient and doctor's orders are before the nurse, she does not know where to begin. A typical case would be one of pneumonia sent by a doctor, with orders for jacket poultices, temperature, etc.; the patient a carman, about thirty-five, with wife and three

or four children, in a tidy but not too well-furnished home. They may have one fair-sized front room and a small one at the back, or perhaps only the one, depending on the rents of the locality. To the seasoned district nurse it is an oft-told tale, and at a glance she takes in the possibilities of the position. As she enters she greets both patient and wife, and explains the doctor has sent her to help the latter. It should be remembered the wife often rather resents her husband being cared for by others, and it needs a little tact to make her feel she is not being supplanted. The cloak is removed and placed out of the way on a chair, clothes-line, or behind the door, never on or near the bed or sofa if the nurse be wise!

The temperature, pulse, and respirations are first recorded, and the nurse ascertains a little of the history of the disease and what has already been done. The necessary things are then hunted up, basin, poultice basin, comb, two towels or substitutes, flannel and soap, rag and linseed for the poultices, and a kettle of boiling water. A piece of tow, back powder, and methylated spirits are also put ready. Unless sponging has been ordered it is wiser not to attempt too much the first visit—washing the patient's face, neck and hands is enough. It is also better not to move the shirt and vest unless unavoidable, as the nurse can notice the patient's

size and bring a proper pneumonia jacket on her next visit. The back is then attended, using the tow and a separate towel, a clean sheet put in, if required, after shaking up the bed a little, and a poultice applied with plenty of wadding as the patient lies on his side. Turning him on his back again, the chest poultice is put on, and fastened at shoulders and sides with safety pins. The top sheet, which has been hanging by the fire, is replaced, the blankets turned, the quilt spread, and the pillows arranged to suit the patient. It is well to give nourishment during this work and after it is done. The nurse enters the particulars of the case as to age, etc., in her note-book for the register of cases, and ascertains various symptoms, which she reports to the doctor on the printed memorandum form, leaving it with the chart for him. A few suggestions as to placing the bed in a better position because of draughts, the removal of soiled clothes from under the bed, the arranging a shawl or blanket to exclude draughts if the bed cannot be moved, may be done, but it is wiser to make alterations gradually, and put both patient and room into nursing order by degrees.

The nurse washes her hands, and having cleared away poultice basin, and emptied dirty water, etc., writes out a time table for the regular giving of medicine, stimulants (if ordered), and nourishment, for the guidance of the friends.



At the second visit the shirt can be removed, more thorough ablutions done, the pneumonia jacket put on with the poultices, and clean bed linen if needed. The patient is more accustomed to the nurse, and the wife has more confidence in her. Sponging should never be attempted for any cases without orders from the doctor. One of the great difficulties in district work is the absence of definite rules for the nursing, and the difference of treatment amongst the doctors.

This is another reason why great experience is needed to distinguish what every case needs individually, and to be able to adopt fresh lines of treatment readily. There are some general rules, of course, but very few. It is unsafe to give any fixed ones, even for washing and making beds, as the rules are apt to be considered before the patients, who are sacrificed to the zeal of the nurse for "nursing order". Cleanliness can, and must be, brought about, but often it is a question of time and tact too. Patients often object strongly to washing, and their pitiful accounts frequently induce the doctors to order as little as possible, for not knowing the guarded way in which it is done, they are led to believe the process much more trying than it is.

The rearrangement of the room must depend on the nature of the case, and also on the

amount of furniture. Each case is a fresh lesson in itself, and no matter how long a nurse continues in the work, new experiences await her.



## IV.

## DISTRICT HYGIENE.

GOOD air and proper food are two essentials of health generally conspicuous by their absence from the homes of the poor. Tradition and prejudice have more hold over the people than is generally recognised ; it is extremely difficult to make them see why they should depart from the ways of their forefathers in their domestic arrangements. There is an apathy and fatalism amongst them which baffles the would-be reformer at every turn, and this is sometimes urged as an excuse for not endeavouring to raise their condition. The real source of the evil is distinctly traceable to absolute ignorance of the most elementary laws of health—they have never been taught, never been made to understand, and “knowledge is of things we see”.

Much is being generally done in the right direction in these days to bring home the laws of health. Teaching the children is the thin end of a wedge that will open the way to better things. “Health Missioners” who talk to wives and mothers in simple, homely language, and teach them elemental facts as regards themselves,

their children, and their homes, are pioneers. District nurses can help largely in the work in a quiet, unobtrusive manner. They know only too well exactly how the people live, and therefore can be really practical. It is no use to talk of sunny bed-rooms and children kept from playing in the damp, when too often one room serves as bed-room, sitting-room, and kitchen for a whole family, in a court so narrow that sunlight has never penetrated into it since it was built, while the children's playground is either the court in front, or a well-like yard at the back of the house. In the country and in towns where space is not so valuable, the dwelling places are lower in rent, and more rooms can be taken by a family ; but the majority of people, even among those interested in questions of reform, have very little, if any, idea of the homes of the poor, and the rents demanded for them, in many parts of the metropolis and large cities and towns.

District nurses must take things as they find them—their duty consists in never ceasing to urge the possibility of better ways. They cannot alter crowded alleys or damp, ill-ventilated cottages, but they can bring cleanliness and hints to improve many defects, and can always, in London at any rate, urge removal to the better accommodation provided in so many quarters.

Increased knowledge is dispelling the devil's doctrine so valiantly resisted by Charles Kingsley

and put into a nutshell by Tennyson in the poem of "The Village Wife"—

I thowt 'twur the will o' the Lord,  
But Miss Annie, she säaid it wur dräains.

Make a father and mother understand that smelling sinks, cesspools, and drains mean lowered vitality, readiness to take disease, and too often death to themselves and their children as surely as fire will burn, or sucking matches will poison them, and they cannot go on in dull contentment with their surroundings. To deal with this subject at all adequately nurses must have a certain amount of special knowledge.

### *Practical Hygiene.*

Hygiene is a science in itself, and only a few of the fundamental principles can be taught without a regular course of instruction. But every district nurse should have a few simple practical lectures on drainage and its objects, with its appliances of traps, sinks, cisterns, etc., the laws which govern ventilation, the storage of water and the sources whence it comes, the nature of nuisances and their legal remedies, overcrowding and its effects, and to whom she should apply when she finds anything wrong.

To those who live in or near London a visit to the Sanitary Institute and Parkes Museum,

Margaret Street, W., will prove most instructive, as there can be seen every modern improvement in drains, systems of ventilation, etc., and many of the defective methods also, the contrast constituting a valuable object lesson. These are all most courteously explained to any one wishing to understand the subject.

When a nurse understands the "reason why," she will not be content to leave her patient in a room where a gaily-decorated board hermetically seals the entrance to the chimney. The window, duly open during the day, is almost certain to be closed at night, and the patient sleeps, or does *not* sleep, in an atmosphere laden with carbonic acid gas and organic matter. The removal of the board may not be enough; knowledge of ventilation laws will suggest a lighted lamp being placed in the fireplace, which, establishing a current, ventilates the room and prevents the "down-draught," so often the excuse for blocking up a chimney. This is only one of many instances where increased knowledge is useful.

A district nurse should be able to tell if the sanitary arrangements of a house are in order; whether one cistern is used to supply drinking water and for flushing purposes, if the flush of water in a closet is sufficient, if rain pipes overflow pipes from cisterns, and sink pipes run directly into drains or discharge in the open;



and she should be able to give practical instruction as to cleaning furred and stained closet pans. Country nurses must be alive to the dangers from the proximity of wells, surface wells, and shallow springs to cesspools, foul manure heaps, pigsties, neglected privies, etc. Knowledge of facts will lead to practical hints to prevent mischief arising from ignorance of these evils.

### *A Timely Caution.*

But a word of warning must be given lest, in their zeal for improvement, nurses forget they are dealing with the landlord's, not the patient's property; undue interference will probably lead to the ejectment of the tenants they are seeking to serve. Nurses must not be amateur sanitary inspectors. If they come to be regarded in that light they will do more harm than good, and their own work will suffer. People will be shy of admitting them into their homes, and thus they will defeat their own ends. The patients may make the nurse's inquiries a subject of complaint to the doctor, not understanding her reasons, and this might give rise to unpleasantness in some cases. Much can be done by tact and observation. A nurse who knows what to look for will soon grasp the sanitary condition of a dwelling. While emptying the slop pail she can draw her own conclusions

as to the cleanliness of the closet, the flush of water obtainable, the state of the back yard, dustbin, etc. And it may be remarked, by the way, that it is a wise rule to empty the slops personally at least once in every house. Very often there are willing friends to take the pail "to save nurse," but an opportunity can be made to do this without giving rise to any suspicion of investigation on the nurse's part.

If smells are noticed, it is easy to ascertain in the course of general conversation whether they are permanent or accidental ; so many facts can be thus casually elicited, with regard to the emptying of the dustbin, the cleanliness of the cistern, the condition of the yard, whether there are rats (often a sign of imperfect drains), etc.

The following list is issued from one of the sanitary aid committees of the Mansion House Council on the Dwellings of the Poor. "Any complaints of the following may be sent to the hon. secretary : Bad smells from drains, bad smells from manure heaps, bad smells from dustbins, bad smells from water-closets, bad smells from old rags and bones, bad smells from animals improperly kept, or any other cause, bad smells from broken gutters, pipes, or traps, bad or insufficient water supply, holes in walls, ceilings, floors, or roofs, overcrowding, unhealthy cellar dwellings, and damp and ill-paved yards."

These sanitary aid committees are invaluable



to nurses working in the metropolitan area. The central office is 51 Imperial Buildings, Ludgate Circus, E.C. Any communication marked "confidential" is so treated, and therefore the nurse is not quoted when the case is investigated. By the agents of this association the responsible person is made to correct the evil.

Nurses should acquaint themselves with the sanitary authorities in every place, as rules vary in different localities. In the country the medical officer of health for the district is usually the right member to consult if the nurse thinks anything is wrong. His knowledge of local arrangements will prevent her making mistakes in her efforts to do good.

While advocating the use of disinfectants for sinks, drains, etc., it must never be forgotten that hiding a bad smell by a powerful deodorant, such as chloride of lime or strong carbolic acid, is not remedying the evil; on the contrary, it is actually harmful, as it lulls people into a state of false security. A sink that smells when it is going to rain needs more drastic treatment than flushing with a disinfectant.

Another point to be remembered is that it is not the smells themselves that are harmful, but the causes which give rise to them. A house may be saturated with sewer gas, without much, if any, odour. The nurse's suspicions will be

roused by the complaints of sickness, diarrhœa, and sore throats amongst the inmates. They will complain of unrefreshing sleep, headache, and nasty taste in the mouth on waking, constant weariness, loss of appetite, a tendency to boils, gathered fingers, etc. Wounds in such an atmosphere are slow in healing, and there is a marked liability to erysipelas. Investigation will generally lead to the discovery of defective drainage, and very often to dirty cisterns, also so constructed that the water can absorb sewer gas.

### *Overcrowding.*

Nurses are frequently confronted by the problem of overcrowding. Too many persons occupying a room of given cubic space constitutes legal overcrowding, and this may be reported to the sanitary authorities.

But the constant domestic overcrowding that goes on every night is really more deadly, for it poisons the children, lays the foundation for phthisis and rickets, and strongly predisposes to bronchitis and pneumonia.

There is terrible mortality amongst infants from suffocation in the night, and there is no reason why, after three weeks or a month, the child should not sleep in a basket, box, or cot by the mother's bed. This is law in Germany,

and many a baby life would be saved if it were enforced in England.

Children should not sleep in the same bed as adults if it can possibly be avoided, nor too many together in one bed. Nurses can do much by improving the usual sleeping arrangements of many poor homes.

### *Cleanliness.*

With regard to the people themselves, district hygiene may be subdivided into cleanliness, food, and clothing. Cleanliness appears to be an acquired habit rather than an instinct in man, and many of the dirty ways often encountered are not so much wilful delight in uncleanness as want of training in better things.

It is quite usual for the Saturday bath to be considered all the washing necessary for a week, excepting the morning scrub of face, neck, and hands. Certain trades and occupations require more frequent ablution than this, it is true, but it fairly represents the ideas of the majority of the labouring classes on this matter. Public swimming baths are a boon to men and boys, also the public hot ones in many towns, but they are very little patronised by women, and of course do not exist in the country.

The nurse should be able to make a mother understand why daily washing of the whole body

is so necessary to health, to explain in as homely language as she likes the effect of choked pores on lungs and kidneys, so long as she can drive home the fact that the action of water on the skin is nearly as essential as water to drink. It is not only "respectable" to be clean, but necessary for present and future health. It is always one of the first difficulties encountered by nurses in hospital or infirmary, this washing of dirty patients, and district nurses labour under greater disadvantages in every way. .

### *Patients.*

The friends are anxious, fearing the patient will be chilled or disturbed; the temperature of the room is often variable, and therefore chills may be given after the nurse's visit; the blankets, etc., are often wanting altogether, old coats and skirts taking their place; so obtaining personal cleanliness is a work of time and tact, especially if the patient is not ordered sponging by the doctor. A word of caution to district nurses is not to wash too much at first. It sounds most unorthodox, but it is better to cleanse by degrees, unless the medical man in charge of the case knows the method of the nurse's work. Most exaggerated statements are often made to the doctor by patients and friends unaccustomed

to the process, and naturally he objects to undue exertion for his cases if he does not know how carefully it is done.

### *Rooms.*

The same applies to the cleaning of rooms ; they must be done gradually, as confidence is gained in the nurse. The worst evils, such as soiled linen, coals, vegetables, etc., under the bed, can be removed at once, and all dirty utensils, pails, etc., cleansed and disinfected. But it is better to let the friends pack away their treasures themselves than for the nurse to attempt it. It worries the patient far more than the better ventilation improves his condition to have goods and chattels strewn about the room by a stranger, and put into inconvenient places for the family. There are many cases in which the nurse's help is gladly accepted, and it is always more satisfactory when she can put the room in order herself, but it is generally wiser for the friends to take their share ; and nothing should be done without the consent of the principal member of the family, whether it be husband, wife, son, or daughter. There is always one ruling spirit, and any changes made without consultation invariably cause friction. Tact and observation are specially needed to avoid any collision and yet carry out the nurse's purpose.



*Thoughtfulness Needed.*

While enforcing cleanliness, it should not be forgotten that water is often a valuable commodity, both in town and country. When every drop has to be laboriously carried from the basement to the attics, often up five, six, or even seven flights of narrow, dark stairs, or brought from a distant pump or well in all weathers, the nurse will not lightly throw away half a basinful because she used too much lotion or put in too much cold water, as the case may be. Also, soap costs money, and it would not be so frequently left wasting in the water if the nurse realised that fact.

These are some of the many details which only experience can teach. How few nurses understand at first that spilling water when emptying basins or filling kettles means that it will run between the badly-fitting boards of the floor, and stain the ceiling of the room below unless at once dried up, or that carelessly putting wet basins, medicine bottles, glasses, etc., on a polished table or chest of drawers, will leave permanent marks on what most likely is the best piece of furniture in the home. District nursing furnishes endless examples of the truth that

Evil is wrought by want of thought  
More than by want of heart,

and this is why it calls for the best workers, because so many interests are involved in nursing every case.

### *Food.*

Knowledge of physiology comes to the nurse's aid on this point, and enables her to speak from facts in answer to traditions. As a rule, the food of the poor is on mistaken lines from the beginning to the end.

From the day of its birth a baby is handicapped by traditional feeding. When all it needs is sleep it is made to swallow sugar and butter or gruel, and is fortunate if it escapes a dose of spirits when it evinces the discomfort caused by the unwholesome diet. If mothers would realise that Nature's way is best, and that their babies need no more than they themselves can supply, there would be fewer cases of mammary abscesses and convulsed infants.

The question of feeding infants and young children properly is a national one, as it affects each generation. It is a herculean task, but each mother convinced of her mistakes, and willing to try the right way, forms a nucleus of further improvement. She must be made to understand that sopped bread and nursery biscuits are as useful food for an infant of two or three months old as boiled sawdust, though excellent at six or seven months old; that

milk is essential up to twelve months old, with bread, broth, eggs, milk puddings, etc. It may be said poor people cannot afford such a diet, but except under special circumstances, when the family finances are at an extra low ebb, the ordinary labourer's wife could procure such food if she knew how and why to do so. In London eggs are a common article of food. Milk, and good milk, too, is cheap, and rice, sago, etc., can be bought for  $\frac{1}{4}$ d. It is more trouble, doubtless, to make a special pudding for the baby than to let it share the family meal of potatoes and greens fried in dripping, but it can be done. In the country it is often a difficulty to obtain milk, and then condensed milk should be used as the best substitute. In every case the mother should be warned not to feed a child at the breast. If unable to nourish it properly, it should be entirely weaned, not, as so often is the case, fed during the day, and suckled at night.

As the child grows older its diet may be more varied, and so much can be made with rice, stewed bones, vegetables, etc., that the plea of cost is out of the question. But the mother's ideas seldom rise beyond the frying-pan and the extravagant chop and steak, except, indeed, on Sunday, when usually a joint of some sort is obtained—the poverty must be of the direst if the Sunday dinner is foregone.

Many pennies are spent in pickles, small pieces of strong cheese, etc., which would buy much more wholesome food, and children are trained to require such additions to their meals. Salted fish, such as bloaters, haddocks, etc., are constantly purchased instead of the more nourishing and digestible fresh fish, like plaice, skate, etc. Endless farthings and halfpennies are wasted in bad sweets and cheap pastry, all bad for children's digestive organs. It is not so much the means that are wanted, but the knowledge to spend them on the proper food. Stewed tea is another fruitful source of evil both to adults and children. If after it is made it was poured off the leaves, it would be wholesome enough, but that is another point for the nurse to explain. If it could be realised it became "medicine," not tea, when left too long, the mischief might be avoided.

One point the nurse can urge everywhere in town and country, *viz.*, the necessity for boiling all water before it is used for drinking. It is so simple, and yet saves so much ; nine-tenths of the zymotic epidemics are conveyed in milk and in water. Boiled milk is sometimes ordered, and if brought to the boiling point, not beyond it, the milk undergoes less change. In epidemics, however, it is wiser to thoroughly boil it. It involves a little trouble and forethought, of course, but the result is worth it, and the reasons for the



precaution must be forcibly brought home to the people. In cases where the taste of boiled milk is disagreeable, it may be placed in a closely covered jar and subjected to continued heat without boiling by standing the jar in a saucepan of water and letting it simmer for about an hour.

Another evil constantly encountered by district nurses is that of children being suckled at the age of sixteen and eighteen months, and even up to two years old. This should be urgently represented to the mothers as most prejudicial both to themselves and their children. The custom has its source in a well-established tradition, and the mistake is very difficult to combat. But, like all these popular ideas founded on a small particle of fact, it is erroneous, and leads to incalculable mischief to mother and child. It is a source of gastric and intestinal troubles for the children, who are never so healthy as those weaned at ten to twelve months old. The drain upon the mother's constitution is too great, and weakens her permanently, thus reacting again unfavourably upon her children.

Many a rickety child might be saved its suffering, and the mother her care and anxiety, if she possessed the proper knowledge to bring it up healthily.

#### *Abuse of Stimulants.*

Some knowledge of the evil effects of stimulants



on the delicate lining of a child's stomach will help the nurse to graphically describe the inevitable results, to say nothing of the moral evil of the acquired taste which will follow. Nothing is sadder than the frequent sight of little children being given tastes of father or mother's beer. The wickedness of dosing infants with gin to induce sleep is generally committed by mothers under the influence of "the drink" demon. This is the most hopeless class with which the district nurse comes in contact. So little can be done, for every maternal and womanly instinct is gradually effaced, and the pity of it! Insanitary dwellings and bad food have done more than anything else to swell the list of the victims to drink, the curse which saps the strength of the working classes.

When children are born and brought up in crowded, airless rooms, with narrow, sunless streets to play in, fed on indigestible, unsuitable food, and taught to regard a "half-quartern" of brandy as the panacea for all complaints, and "a drop of beer" as the equivalent for a proper meal, what chance have they of resisting what in all probability is also an hereditary taste?

### *The Best Weapons.*

Cleaner, healthier homes, more wholesome, appetising food are weapons which every district nurse can bring to bear in the course of her daily

work against the national foe. In posts where the pressure of actual nursing work is not too heavy, half an hour may often profitably be spent in practically demonstrating how a savoury meal may be prepared out of the most economical materials. For instance, a light nourishing pudding of half a pint of milk, a well-beaten egg and a little sugar, put in a clean jam pot, covered by a saucer and placed in a saucepan of water, will be cooked ready for the patient after the process of washing and bedmaking, and does not take five minutes to prepare.

Beef for beef tea, mutton for broth may be cut up and prepared by one of the members of the family as the nurse attends to her patient, and yet superintends the due removal of fat, etc. The cookery learned at school should be encouraged at home, and the elder girls incited to prepare proper meals while the mother is laid aside. It benefits the household and trains the girls to apply their knowledge practically.

### *Clothing.*

With regard to clothing, the nurse can urge the necessity both for children and adults, but more especially for the former, of flannel or flannelette next the skin. In our variable climate chills are caught imperceptibly, and flannel vests, drawers, etc., minimise the risks.

Rickety children and those affected with diarrhœa should always wear a band of flannel round the abdomen, and this is useful for adults.

War should also be waged upon the custom of exposing infants and young children with bare necks and arms. Flannelette is very cheap, and little long-sleeved dresses or jackets worn under the low-necked dress can easily be made for 4d. or 6d. Most parents are alive to the necessity of good boots and warm outdoor wraps; but there is a curious carelessness in allowing children to run about for hours bare-footed and half clad in the house who would not be allowed to cross the street without a hat for fear of "catching cold". It is want of thought again, and the mothers are sorely troubled when an attack of bronchitis follows, and wonder "how it was caught". Children should always wear flannel or flannelette drawers. Many a chill is caught by sitting on door-steps or the pavement with no protection from the damp cold stones. Another favourite custom is "to air" the family wardrobe between the flock bed and the mattress in sickness and health. If a mother understands these garments are soaking up the imperceptible perspiration and "holding the bad air," they will soon be removed and placed in their proper receptacle—the chest of drawers.

The practice of adults and children sleeping in the undergarments worn during the day is very unwholesome. Too frequently these are changed

only once a week—not always then, and the effect is distinctly bad, especially for weakly children.

In her crusade against dirt and bad food, the nurse must “possess her soul in patience,” and persevere in spite of the apparent hopelessness of the work. She is dealing with “children of a larger growth,” and must be prepared to teach little by little, and as simply as possible. Every girl and woman roused to the importance of these details will be a centre for spreading knowledge, and so nurses must be content to sow the seeds of better ways, and not give up in despair because no results are visible.

## V.

## ADVICE TO NURSES.

*New Work.*

WHEN after her district training a nurse is sent to fill a post in an established Home, her work is comparatively easy. She has merely to adapt herself to the new surroundings, comply with the wishes of the superintendent and committee, and carry out the orders of the medical men under whom she nurses. But when a nurse is selected to work alone or with one other worker it is more difficult, and if she be chosen to start a new branch still heavier becomes the responsibility.

*Succeeding a Nurse.*

It is not easy to succeed a nurse who has been working successfully and won the hearts of those with whom she has come in contact. But one who loves her work for its own sake will not grudge the commendations bestowed upon the "other nurse," but rather look upon them as good omens for her own career. Neither will she resent the inevitable comparisons, not always



favourable to herself, that will be drawn. A cheerful acknowledgment that she does not hope to equal her predecessor will go far to make her do so, and patience, tact, and good-nature will work wonders.

### *Joining Another Nurse.*

It is also often difficult to work with one other nurse, especially when so closely thrown together as life in lodgings requires.

The new-comer must be ready to fall in with established ways, and do her best to promote and preserve harmonious relations. Such an experience is invaluable for teaching professional loyalty one to the other.

Even if they agree to differ on other topics, nurses should never allow private opinions to hinder or in any way interfere with the good of their nursing work.

### *Starting Work Alone.*

When sent to start a new branch, either in town or country, the individual responsibility is a serious one, because in a great measure the ultimate success depends upon the first nurse. It is a difficult position to fill, for however carefully rules may have been explained and arrangements planned, unforeseen and unexpected difficulties are sure to arise.

*The Committee.*

The great secret of success is for the nurse to be very patient, and to avoid, as far as possible, raising debatable points. She should conform to the wishes of her committee in every way at first, and when they realise her willingness to do this, they will be ready to meet any suggestions she may make as to more practical and convenient methods in many instances. She must remember that the more interested the committee, the greater the inclination to control the nurse's work, and plan it on their own lines, often not those of experience. But cheerful common-sense will do much to avoid friction, and the observation of local and personal idiosyncrasies will often prevent unnecessary mistakes.

*Medical Men.*

One of the first steps a nurse must take in beginning to work alone is to enlist the help and sympathy of the medical men. This needs great tact at first, as often prejudice prevents a nurse showing what her work really is. But if she proves she is willing to do exactly as she is told, even when the orders are not very convenient, she will win their confidence, and by degrees the regular routine of work can be carried on. Refusals to do this or undertake that,

because it is not quite according to rule, give a bad impression to those who do not understand the lines of the work, and may check its development materially.

### *Different Treatments.*

The nurse should find out the particular views of each doctor, and follow them while attending his cases. It has to be experienced before it can be realised how widely the treatment of similar cases can differ in detail, and what varying views are held on minor points by different medical men. The experience is invaluable, and the more adaptable a nurse is the better nurse she becomes.

Wider experience in this matter will prevent much friction, as half the misunderstandings which arise between doctors and district nurses are due to the nurse's inability to suppress surprise or even distrust of a treatment hitherto unknown to her, and therefore suspiciously regarded by her. Whenever the nurse is in doubt on any point she should have a personal interview with the doctor, as even written requests for information, if not judiciously worded, may be misconstrued.

### *Discretion.*

A nurse should never be led into the error of discussing the treatment of one doctor with

another. She outsteps her province entirely by so doing, and is apt to rouse suspicion as to her own trustworthiness and loyalty. She should also be most guarded in any expression of opinion respecting the doctors for whom she works to members of the committee, or other local persons. Without intending it in the least she may work irreparable mischief by indiscreet remarks.

### *Friends and Acquaintances.*

A nurse should be slow in forming acquaintanceships or allying herself intimately even with members of her committee, when first appointed to a post. Further experience will probably show she was wise to wait and ascertain whose friendship is the most helpful both to her and her work. "Courtesy to all, familiarity with few" is a safe rule when coming to a new post.

### *Lodgings.*

A frequent stumbling-block at first is caused by the accommodation provided for the nurse. Here she can do much to prevent difficulties arising without in any way being uncomfortable. There must be a reasonable acceptance of the possibilities of the place ; and if the nurse is not exacting, but simply states what she needs and is fairly regular and punctual, there should not be any real difficulty. At the same time landladies

do occasionally fail to see that a tired nurse should find a comfortable meal and tidy room ready for her, and very often they cannot understand punctuality, especially early in the morning. If the nurse finds, after a fair trial, that the arrangements are really unsuitable, she should quietly and without fuss speak to the secretary, or whichever member of the committee is the one to whom she ought to apply.

### *Patients.*

Making due allowance for local peculiarities, district patients are wonderfully alike, and tact, cheerfulness and observation will carry a nurse safely over the daily difficulties that must be encountered. The most difficult patients, the most impossible friends gradually yield to a bright, kindly manner, and a recognition of the situation from their point of view. Observation saves many mistakes, and enables the nurse to quietly make use of appliances at hand, and do what is essential without unnecessarily troubling the family.

### *Necessary Appliances.*

It may be well to point out that as a rule necessary articles can be procured by the people themselves from friends or relations. The



willingness of the poor to help one another in sickness is wonderful, and things lent to one another are even more carefully cared for than those provided by the nurse. A district nurse must always be ready to improvise, but it is not often necessary, except in emergencies, and it is wiser in the end to use a proper appliance than an *extempore* one, however ingeniously contrived. A great secret of success is to go deliberately to work, and not attempt too much at first either with regard to patient or room. This particularly applies to the lending of sheets, etc. It often happens that in her anxiety to make a patient clean and comfortable a nurse draws largely upon her lending stores; and then finds that plenty of bed-linen, blankets, etc., are available, as they have only temporarily disappeared in the nearest pawn shop, or can be provided by relations.

### *Lending Stores.*

Of course a nurse must be prepared to lend necessities, and as a rule she is well provided with them by her committee. In addition to sheets, pillow cases, shirts, night-dresses, etc., a nurse will find large-sized long flannel or flannel-ette night-dresses very useful for rheumatic cases, also large flannel shirts opened at every seam, sleeve included, down one side, and

secured by tapes when on the patient. These are invaluable for heavy, helpless cases where much movement is undesirable. Poultice and pneumonia jackets are also additions made of flannelette lined with wadding.

Poultices can also be secured by a broad flannelette bandage extending from under the axillæ to below the ribs, with wide straps crossing the shoulders from the back, and secured over the chest by safety pins. The jackets are made of a broad piece of flannelette or flannel hollowed at the neck and under the arms, and wide enough to fold over the chest. Safety pins secure these better than tapes on each shoulder and down the front. After use, the wadding is removed, and the flannelette washed and relined.

Medium-sized square water pillows are more generally useful than water beds, and air beds and pillows soon get out of order. A piece of indiarubber tubing fitted on the spout of an ordinary feeding cup is most helpful for patients difficult to feed. This however must be thoroughly cleansed after use by washing in warm water and drawing a strip of clean linen through it, afterwards well rinsing it in boracic lotion and again in cold water. The small brushes with flexible wire handles sold to clean pipe stems are most useful for spouts of feeding cups, tubing, etc. A little organisation and method will prevent things being lost, though

only too often, after long delay, the borrowed garments have to be brought from the pawn shops. If every article is well and clearly stamped, and the pawn-brokers warned against accepting them, this difficulty may be lessened, but it is a very frequent one, in all town districts at any rate. A great safeguard is for the whole of the things to be returned before the nurse discontinues her visits—it is never wise to leave clothing to be washed and returned after an interval—there is a tendency for it to need washing again before the nurse receives it finally!

### *Sick Relief.*

Another difficulty is that of giving relief in the shape of milk, etc. This ought never to be undertaken by the nurse as part of her work, as it leads to her becoming looked upon as an almoner rather than a nurse. It is wiser for allowances of milk, beef or beef-tea, eggs, etc., to be made by the committee in really urgent cases, the friends obtaining them from a shop, coffee tavern, or other appointed place themselves by means of an order or ticket. In London excellent dinners for 4½d. to 6d. each for fourteen days can be obtained from coffee taverns by the agency of the Convalescent Dinners' Society. These are invaluable to men and women who need feeding up to begin work again.

In these cases, however, the nurse must exercise discretion and observation. It often happens that on opening a cupboard, "accidentally on purpose," or on going into another room, food, firing, etc., are discovered, in spite of a piteous tale of destitution. It is wiser for a nurse to err on the side of giving milk, etc., unnecessarily in an emergency than to let a patient need nourishment, but it must *invariably* be an exception.

### *Rooms.*

In dealing with the rooms it is not desirable for a nurse to undertake the cleaning herself unless in most exceptional circumstances. It is a waste of skilled labour, using time and strength that might be more profitably bestowed. It is the best plan to have a dirty room made thoroughly clean at the beginning of a case, and to employ a woman to do so for a small fee, if no one belonging to the patient is competent for the task. Once clean, it is not difficult to maintain it so, as no patients could be profitably attended if there was really no one but the nurse to look after them. Occasionally such cases are encountered, but the nurse should not undertake such a responsibility without obtaining advice in the matter, and usually when attention is directed to the subject the patient is removed to the workhouse, or other arrangements made to



secure proper care. Of course in infectious cases, or in emergencies, the nurse must be prepared herself to clean the room and put it into nursing order, and she can always show the friends how to "tidy up" successfully, and keep a room neat and fresh without doing the heavy dirty work herself.

She should endeavour to give as little extra trouble as possible, and always empty all basins, utensils, etc., herself before leaving the sick room, and see the slops are really taken away. Forethought will save much small extravagance in the use of fuel, water, etc., often a very serious consideration to the patient.

### *Toilet of Patients.*

It is not possible to make hard and fast rules for the washing and general management of cases. A well-trained nurse deals with each one on its own merits. Subject to the doctor's orders, one or two details may be regularly carried out with advantage. The night-dress or shirt should be removed daily if possible, and the top sheet always taken out and put to air. Washing the back, etc., should never be omitted, afterwards rubbing in methylated spirits, and using dusting powder. The difference between the cool even hospital mattress, and the lumpy flock, or unhealthy feather beds generally found in district homes greatly affects the question of bedsores.



*Prevention of Bedsores.*

The difficulties, however, should only make the nurse more particular in this respect, and there is no excuse for allowing one to form. Too often the nurse is sent too late to avert the evil, it is true, but constant care and the timely loan of a water pillow will save the mischief extending, if it cannot be altogether prevented.

In cases where the evacuations are passed in bed the difficulty is very great, as the friends often injure tender skin by roughly removing wet sheets when the nurse is absent. Much can be done to teach them how to change draw-sheets or their substitutes properly. Pads of oakum or tow in butter muslin placed under the patient are useful, and can be readily changed when soiled. A bottle with a wide neck may be used as a male urinal if carefully supported so that it does not press on the surrounding skin. Pads may be used in cases of profuse discharge, rectal or vaginal, and also advantageously in confinements.

In an American Nursing Association layers of folded newspaper are stitched together and enclosed in butter muslin that has been boiled in 1:1000 perchloride of mercury, and used for this purpose.

*Bed Making.*

When the patient is too feeble or too ill to sit

up while the bed is made, each side must be separately shaken, the patient being gently moved. Shaking can seldom be literally done even with feather beds; the flock or feathers must be well worked with both hands, the lumps being broken up. Steady application for a few days will work wonders with the most hopeless feeling bed. The difficulty is greater when it is impossible to move the bedstead away from the wall. It usually can be done, and must always be attempted whenever possible. If however it really cannot be accomplished for want of space or some equally good reason, a stick will be found useful in adjusting the bedclothes neatly on the further side. It is not wise for the nurse to get on the bed, as not unfrequently she runs the risk of the whole bedstead collapsing.

### *Hairdressing.*

Combing the hair of both men and women must never be omitted, a towel or newspaper being placed round the shoulders and over the pillow during the process. It is well also to comb beards and whiskers, if worn long. Nurses must remember it is an "assault" in the eyes of the law to cut any person's hair without the permission of themselves or their friends, except by a medical order. Therefore, if it seems necessary and leave is refused, the doctor should be informed.

*Eradication of Vermin.*

When pediculi are present in large quantities the hair should always be cut, if possible, to remove the nits, which are most troublesome to eradicate. Constant use of the toothcomb and the application of carbolic oil will in time remove the nuisance, but it is always a tedious one with long hair. In the case of vermin on the body, the patient should be well washed daily, all parts likely to harbour them, *i.e.*, the axillæ, pubes, etc., bathed with creoline and water, or other disinfectant lotion, and rubbed with carbolic oil. Bugs and fleas are best reduced by a liberal use of insect powder, well brushing the bedstead and bedding daily, and applying crude carbolic to the bedstead and skirting boards. This is easily done by means of an old paint brush, or an *extempore* mop of tow or rag on a piece of stick.

*Nails.*

The nails on both hands and feet should be cut and kept clean—they will need daily attention to effect this.

*Teeth.*

In helpless cases the nurse should daily cleanse the mouth and teeth, by wrapping a piece of lint or linen round her forceps, and applying

weak Condyl's fluid or boracic lotion. The piece of linen should only be used once, a fresh bit being taken for each application.

In cases of phthisis a disinfectant, such as 1-40 carbolic or sanitas, should be placed in the spittoon, and the patient encouraged to use rags, which can be burned after use, rather than handkerchiefs.

### *Tidying up.*

Before leaving her patient, a little milk or tea should be given, after the fatigue of the toilet. Basin, towels, brush (from which all hairs are removed by the nurse after use), soap, etc., should all be put away before going. It is an orderly habit to mark one towel or substitute for a towel, and keep it for the back only, also a separate piece of flannel, if tow is not used. Sponges should never be used, except perhaps for the face, by request. A piece of flannel is better in every way, or tow, which can be burned when done with.

### *Thermometer Cleansing.*

Thermometers should be washed after use, and if placed in the mouth dipped into antiseptic lotion. It is a wise plan to have a glass or cup of cold water put ready with the other things for the nurse's use.

*Reports and Charts.*

The report for the doctor and the temperature chart (Wodderspoon's are excellent) should be written in ink. A stylographic pen is very useful for this purpose, and prevents accidents with ink bottles in the bag, or at the cases.

*Time Table.*

In acute cases, a time table for the use of the friends is very desirable, so that they know exactly when to administer nourishment, medicine, etc. It is advisable to draw up one that can be marked as each thing is given, writing out the hours, and the exact quantities ordered. When stimulants are to be taken it is often well to mix the exact amount with the water required, as there is always a tendency to be inaccurate in giving them, especially when only a small quantity is ordered at a time.

*Ice Bags, etc.*

If ice is ordered it is readily and cheaply obtained from a fishmonger or a public house in towns, but is not so available in the country. It can be kept a long time by wrapping it well up in flannel and placing it so that the water can drainaway as it melts. A sieve or colander is very good for this purpose, if attainable. The friends



should be shown how to change an ice bag, never allowing all the ice to melt before refilling it, and seeing that the weight is not resting on the patient ; a piece of lint or linen (a handkerchief will do) should be between the bag and the patient's skin. A bonnet pin answers well for breaking off pieces.

### *Baths, etc.*

The nurse should always carry a bath thermometer when giving douches or baths, as often a certain temperature is ordered. In the former cases, a little oil or vaseline applied to the vulva will enable the patient to bear a high temperature more easily. The pieces of calico used for large jacket poultices can be used several times if placed in cold water until the linseed can be easily removed, and then dried ready for use.

### *Removal of Dressings, etc.*

Poultices used for wounds should be burned by the nurse when taken off, and so should all soiled dressings. Even in summer it is desirable to burn them in the grate with paper, rather than leave them to be put in the dustbin or other even less convenient receptacle. Care should be taken not to leave tow, wool, etc., in slop pails or basins, as nothing will choke up drains more easily if allowed to enter the pipes. Hair, used matches, etc., should always be burned.

*Economy.*

A nurse should study all possible economy in her use of dressings. A little care in this respect will prevent much waste, and as all demands upon the funds of the home lessen its power of extending the work as required, the question is a serious one.

*Last Offices.*

When requested, a district nurse should perform the last offices for a patient. Very often the friends prefer to attend to this themselves, but if they are unable to do so the nurse should see it is properly and reverently done. Whenever possible she should suggest the removal of the body to the public mortuary, unless the room can be set quite apart for the time. There is often a strong prejudice against so doing, but it is most necessary when the family only have one room.

*Infectious Cases.*

When these cannot be isolated provision is made for their removal in London and large towns, and also for the proper disinfection of the rooms, bedding, etc. But where these arrangements do not exist much will depend upon the nurse's power to properly carry out the orders given in these cases. Isolation of

the patient should be obtained, if possible, and the attendance of relatives or friends strictly limited to one or two at the most. If a separate room is impossible, sheets or substitutes for them should be placed round the bed at a convenient distance from it, and kept moist, not wet, with 1-20 carbolic, or whatever disinfectant is ordered by the doctor. A similar sheet should be hung over the door of the sickroom. Crude or commercial carbolic answers well for this purpose, and also for washing the floor, disinfecting linen, etc., and is very cheap. Chloride of lime, though excellent for drains, should never be used in a room, because the free chlorine given off is a powerful irritant. All discharges, especially typhoid stools, should be covered with the disinfectant and allowed to stand for a time before being emptied. In the country it is often desirable to bury them at some distance from the surface of the ground, and chloride of lime may be freely used then. Soiled linen of every kind should be placed in disinfectant before being washed. The patient should use old linen instead of handkerchiefs, as it can be burned. This is also a wise rule in phthisical cases. Care should be taken that disinfectants in receptacles for the expectorations are not drunk by the patient, either by mistake or when delirious.

Whenever possible the carpet should be taken up, and all unnecessary furniture, bedhangings,

etc., removed. If the carpet is not taken up, it should be daily wiped over with a cloth wrung out of the disinfectant used. A fire should be kept burning to ensure circulation of the air, unless the weather is too hot.

In case of death, disinfectant should be used in washing the body, and if it is not removed to a mortuary, the sheets should be kept round the bed and over the door as before.

Fumigation is readily done by means of burning sulphur. The bedding, etc., should be opened out as much as possible, pictures taken down, brass and polished metal work covered or removed, all crevices in window-frames, etc., papered over, the chimney stopped up, and the room made as airtight as possible.

The quantity of sulphur varies according to the size of the room and the length of time the fumigation is to last, from  $\frac{1}{4}$  lb. to 1 lb. placed on an old tray or similar receptacle resting on a bucket of water to minimise the risk of fire. After lighting the sulphur the door is closed and all cracks papered over, not forgetting the keyhole.

When the room is opened again the ceiling and walls should be whitewashed and repapered, all painted woodwork, etc., well washed with disinfectant, and the floor also cleansed with the same. If the bedstead is of wood, it must be carefully and thoroughly cleaned; if of iron,

taken to pieces, and carbolic, 1-20, or even stronger, 1-10, of the crude carbolic painted over with a brush is an excellent way of obtaining the desired result. Carbolic should also be placed in the first coat of whitewash, and to wash down the walls after the paper has been removed.

A district nurse should keep special over-sleeves and apron at an infectious case, and most carefully wash her hands before leaving. It is a wise precaution to rinse the mouth and gargle the throat with a little boiled water in which 2 or 3 crystals of permanganate of potash are dissolved. If living in lodgings she must change her dress, etc., if possible, before going to her rooms, if the case is scarlet fever, small-pox, or typhus. It is usually practicable to do so in a washhouse or other outside building, and is a very desirable precaution. In a home special arrangements can be made. Her clothes must also be placed in disinfectant before being washed.



## VI.

## MATERNITY NURSING.

IT is assumed in the preceding pages that district nurses will as part of their training become qualified in maternity nursing, so as to enable them, under specified conditions, to attend on mothers and infants after the confinement, and in country districts to attend the confinement itself.

It is, however, found by experience that in many country districts, owing to scarcity of population, want of pecuniary support, or both, it is not practicable to provide nurses trained in accordance with the regulations already mentioned. It is further found that in country districts the need is frequently greater for trained midwives and trained maternity nurses than for nurses for the sick, and the former cost less. The difficulties in the way of employing the same nurse for both maternity and sick nursing are considerable, even where she is fully trained, and is acting under the direction of the doctors, and these difficulties become greater when, as happens in many places, the midwife is employed to nurse sick patients, although she has

only received an elementary training in the care of the sick.

While there is great need for both midwives and maternity nurses in country districts, it must never be forgotten that women practising midwifery, or even only maternity nursing, whether fully or partially trained in general nursing, cannot undertake the care of ordinary district cases without incurring a grave responsibility with regard to their lying-in patients.

Having said thus much, it is not proposed to enter into any discussion as to how these difficulties are to be overcome. It is considered, however, that under any circumstances the following details may be useful both to midwives and nurses whose training may not have prepared them for the difficulties of these cases where there are very few, if any, of the ordinary appliances of a lying-in room at hand. Every district nurse should be able to intelligently carry out the treatment ordered for a maternity patient, and understand the case of a newly-born child

### *Duties of District Midwives and Nurses.*

Midwives and monthly nurses should be anti-septic in every detail ; their dresses, their bags, their methods of dealing with the patient, both during and after confinement, must be beyond suspicion.

*Dress.*

Every maternity nurse, whether midwife or not, should wear dresses of washing material, and light aprons. The dress sleeves should unbutton at the wrists so that they can be turned up over the elbows; oversleeves are not desirable for midwifery work. No rings, except perfectly plain bands, should be worn. A bonnet without a veil and white washing strings is most suitable.

Whenever possible, a nurse should have a bath, including her hair, and change all her garments before attending as a midwife. The skin of her hands should be free from roughness and abrasions, especially the index and second fingers of the right hand, and the nails should be quite short and scrupulously clean.

*Special Bag.*

The midwifery bag should be lined with leather, and over that a removable lining of holland or similar material which can be frequently washed.

The bag should contain an irrigator with glass nozzle (without a terminal hole), a Higginson syringe complete in a sponge bag, a gum elastic and a glass catheter (No. 7 or 8), a *papier-maché* receiver, blunt-pointed surgical scissors, clinical thermometer, medicine and minim measure glasses in a case, and a bath thermometer.

One oz. glass pots with screw lids are needed for mercurialised or carbolised vaseline (1-1000 or 1-20), powder for cord (equal parts zinc and boracic to two of starch powder), permanganate of potash crystals, iodoform powder, and boracic crystals.

A bottle of perchloride of mercury tabloids for lotion or douches, a 2 oz. bottle of creoline, the same quantity of brandy or whisky, 1 oz. liquid extract of ergot, 1 oz. tincture of iodine, and a bottle of bovril or Valentine's meat juice are all useful.

A box of strong safety pins, a packet of ordinary ones, a small tin box for the ligatures for the cord, which should be ready made of four to five strands of strong linen thread; a washing hold-all containing threaded needles, cotton, tape, skein of linen thread, and squares of old linen cut ready for the cord and for washing the infant's eyes, nose, and mouth; ink bottle and pen, case papers, charts, blotting paper, and matches are needed, also a hand towel and soap box, containing a nail brush and carbolic soap.

### *Preliminary Suggestions.*

When a nurse is engaged to attend a case either as midwife or monthly nurse, it is advisable that she should see her patient at home before the confinement, and ascertain what pre-

paration is being made. A few suggestions beforehand may prevent mischief arising from ignorance or carelessness, and certainly will save confusion at the time.

The tick covering the bed should be clean, not, as is too often the case, still stained from the last confinement, and the quilt and blankets washed. The flock or feathers should also be thoroughly cleansed. The woman should have a change of linen for herself and the bed, besides some old things that can be used at the time, enough clothes to keep the baby fresh and clean, and if she does not possess an oilcloth table-cover, a piece of waterproof should be obtained. A piece of towelling or strong unbleached calico will be needed for the binder, also some additional towels, pillow-cases, etc.

The bed may be placed in a more convenient position, and the nurse can also ascertain the state of the sanitary arrangements. Every district maternity nurse should have a store of bed linen, baby clothes, etc., to lend in emergencies, and should know where to direct the mother to apply for a maternity bag, if needed, always encouraging her to pay for the same.

### *Preparations.*

When called to a case, before touching her patient, a midwife must thoroughly cleanse her



hands and fore-arms, using soap, water and nail brush liberally. She must then place them in hydrarg. perchlor. (1-500), carbolic lotion (1-20), or creoline and water (1 dr. in 1 pint) for a minute, *not* dry them, and carefully avoid touching the bed-clothes, etc., before examining the patient. The same precautions should always be taken by a nurse desired to douche, or in any other way treat a woman recently confined, or who has miscarried. Frequent vaginal examinations are most undesirable and are the readiest way of introducing septic matter. Having ascertained the stage of labour and that all is going on well, the next step is to secure plenty of hot and cold water, a fire, a slop pail, two basins, and if possible a jug, useful for douches, or warming instruments if necessary.

### *The Bed.*

The bed is conveniently prepared by folding back the top sheet, blanket, quilt, etc., to the other side. If two pieces of mackintosh are available one may be placed under the bottom sheet, the other over it, covered with a thickly folded piece of clean material. Substitutes for mackintosh can be improvised from sheets of brown paper, folded newspapers, an oilcloth tablecover, even matting or a strip of carpet, provided it is well covered. An old clean quilt is excellent for this. This is placed at the lower right hand side of the

bed, so that the patient lies on her left side with her feet against the foot of the bed and her head on pillows in the middle. A pulley is usually fastened to the foot of the bed. A roller towel or strip of any strong material does for this purpose. If the bed is not suitable, a piece of board is also placed for the woman's feet to rest against.

### *The Patient.*

The patient has clean night clothes put on, which are turned up from the bottom, pinned securely over each shoulder, and a clean flannel petticoat and skirt ; the woman generally thinks any dirty ones will do for this purpose, but clean ones are essential. A draw-sheet or its substitute is rolled up ready and put conveniently at hand, with the binder and safety pins.

### *Baby Clothes.*

The baby clothes are arranged by the fire, also towels, etc., for the use of the mother.

Threaded needles, safety pins, square of linen with central slit and powder for dressing the cord, squares of linen for eyes, nose and mouth of infant, cord ligatures and round-pointed scissors must be conveniently placed. The stimulant must be at hand in case it is suddenly needed, also a

measured drachm of liquid extract of ergot in the minim glass, and one ounce of water in the medicine glass.

### *Administration of Ergot.*

It should be an invariable rule that, except by direct order of a doctor, ergot is *never* administered *during* any stage of labour, only *after* the termination of the third stage. It is a moot point whether it is necessary even then, but most certainly no midwife should administer it before. During the third stage, the receiver will be found convenient to save soiling the bed, etc., more than is unavoidable. It should be carefully washed and placed in disinfectant before use.

It is a wise precaution to wring out the napkins intended for the mother in 1-500 perchloride and dry them before use.

### *Care of Perinæum.*

If, in spite of every precaution, a tear ensues in the perinæum, a doctor must be sent for without delay, and the wound dressed according to his instructions. The patient's knees are usually tied together for some days, and she should be directed to turn on her face to micturate, if the catheter is not ordered.

### *Use of Catheter.*

The regular use of the catheter for any case

should never be attempted unless under a doctor's orders. No midwife nor nurse can undertake such a responsibility with the risk of cystitis and its depressing results always imminent; the nurse should always satisfy herself that the woman has passed sufficient urine before labour and on her first visits after confinement. When douches are ordered, care should be taken to keep the tube well under the pubic arch, so as not to disturb granulating surfaces, nor put pressure upon any stitches that may have been inserted.

### *Attention to Child's Eyes.*

The child's eyes should be gently wiped clean as soon as the head is born, if possible, as there is often some little delay before they can be properly washed. After the birth they should again be carefully cleansed, also the nose and mouth.

### *Establishment of Respiration.*

If the infant is not breathing properly a doctor must be summoned, the nurse meanwhile persevering with every method to establish respiration as long as the heart continues to beat.

When it is breathing properly, it should be wrapped in a warm flannel and left until after the termination of the third stage.

### *Third Stage.*

The management of this most important and

critical stage of labour is part of the special training, and no midwife incompetent to deal with any emergency that may arise should undertake a case. The great point is to keep cool if anything goes wrong, and while waiting for medical aid, to do everything possible to maintain the patient's strength. It is always wise to notice beforehand what could be used to raise the feet of the bed should hæmorrhage occur, what substitutes are available for hot bottles in case of collapse, etc., and so to be prepared in details if the worst should ensue. If a doctor is summoned, the placenta should always be kept for his inspection. It need hardly be remarked that any effort to hasten the expulsion of a placenta by traction on the cord cannot be too strongly condemned. A nurse who does this only meets with what she deserves if an attack of the dreaded "p. p. h." ensues.

While the mother rests, if all has gone well, the nurse can then attend to the child.

### *Washing the Infant.*

There is a decided art in washing and dressing an infant quickly and well. Every maternity training school has its own rules, but all agree the child should never be placed in a sitting position to adjust its garments, should be turned as little as possible, and that the time should be



as short as is compatible with thoroughness in details. A good nurse gets everything ready before she takes the baby. The bath (often in an absurdly small basin, though the best procurable) is made the right temperature ( $90^{\circ}$  to  $95^{\circ}$ ); towel, piece of flannel and soap conveniently near (the soap *not* in the water); boracic lotion for the eyes if needed, squares of linen for eyes, nose, mouth, and cord; the powder, round-pointed scissors, threaded needles, thimble, safety pins, and the different garments before the fire, napkins folded, the binders rolled, etc. The nurse puts on a flannel apron or its substitute and begins, taking care to sit so that the child's feet (not its head) are towards the fire. The face should never be washed with soap for fear of irritating the eyes, but well sponged with clean water and dried. Then the head, ears, neck, whole body and limbs should be quickly soaped, the child placed in the water, supported by the left hand, well sponged and then carefully dried, this last detail being most important, as the delicate skin quickly chafes if left damp. A little plain vaseline or olive oil rubbed on the buttocks and thighs for the first few days will prevent the meconium adhering to the skin. The friends must be warned never to use soda for washing the napkins, as it causes chafing; they should always be left to soak in clean cold water for an hour or two before being dried.

*Dressing of the Cord.*

The cord is usually dressed with plenty of antiseptic powder, drawn through a slit in a square of linen, folded in it, and placed pointing upwards on the abdomen. Sometimes it is wrapped in antiseptic gauze. In some parts of the country it is "not the fashion" to put a flannel binder next the skin, but it is much healthier if the nurse can persuade the mother to do so. This binder should be placed so that while it puts some even pressure over the cord, it does not compress either the abdomen or the ribs. Much of the flatulence and discomfort of infants is due to the binder being too tight. If the umbilicus is inclined to protrude after the cord has dropped off, usually in four or five days, a counter enclosed in linen or lint may be placed over it, and secured by a band of strapping  $1\frac{1}{2}$  to 2 inches wide passed round the child. If in a few days the protrusion continues it must be shown to a doctor.

*Toilet of Infant.*

In dressing the baby the outer binder should be so put on that the body of the long flannel garment remains well up to the neck both in front and at the back. Too often it slips, leaving the chest walls uncovered except by the outside gown. The end of this flannel should be turned

up over the infant's feet and fastened at each corner by a safety pin, these two and one for the napkins being the only pins admissible in the whole toilet. Both binders must be neatly stitched, also the turned down flaps of the little shirt at the neck. The strings at neck and waist of the gown must never be drawn too tight, and yet be sufficiently so to give a firm feeling to all the garments. A head flannel is desirable when moving the child about from room to room, but it should never be allowed to have it on in bed. If a dependable woman is attending the mother, the washing of the baby may be left to her after the separation of the cord, but the nurse will be wise to see this is properly done, and to invariably examine the eyes at each visit. The first sign of inflammation must be shown to the doctor for special treatment.

### *Making the Mother Comfortable.*

In about an hour after the birth of the child the mother may be put back to bed if all has gone well. This can be accomplished with hardly any exertion by drawing off the soiled skirts and thoroughly cleansing the patient with *hot*, not lukewarm, lotion, either 1-1000 hydrarg. perchlor., creoline and water (1 dr. in 1 pint), or 1-40 carbolic. The soiled undersheet, etc., is rolled up, the patient gently turned over

it on to the drawsheet ; the soiled roll removed, the drawsheet spread, and the woman placed on it on her back, ready for the binder to be put on.

### *The Binder.*

A strip of towelling is most convenient for this, or strong unbleached calico, wide enough to reach from the lower ribs to 4 or 5 inches below the great trochanter, and long enough to overlap on the abdomen. After passing it under the patient, the nurse stands facing in the same direction as the woman, and grasps the lower right hand end of the binder with her left hand, the upper left hand one being drawn firmly over the hips by the right hand, and held by the left while the safety pin is inserted at the side.

The same process is repeated with the next pins, except that the left hand is passed down from the top of the binder, and before the insertion of the last one, a pleat is made in the under side of the binder, which makes it fit more comfortably, and it is not drawn so tight, so as not to compress the lower ribs. A well-adjusted binder should be perfectly smooth, firm, yet not tight, and the four or five pins in an even row on the right side of the patient. The ends of the napkin should be placed beneath the lower edge of the binder, and, if desired, secured by safety pins. Attention to these small details goes far



to render the patient comfortable and ensure a refreshing sleep. The night-dress is unpinned at the shoulders and drawn down, and with assistance the woman is easily raised *in* the draw-sheet to the top of the bed, with her head on one pillow. The top bedclothes are turned over from the other side of the bed, and she is left dry and comfortable.

Every article of soiled clothing must be rolled up and securely fastened into a bundle by the nurse, everything washed that has been used, the placenta burned, and the room left perfectly neat and tidy before she goes.

It must not be forgotten that the after-care is even more essential than the confinement, and if a midwife has undertaken the case she must carry it out herself. She must herself attend to her patient and to the baby, especially the eyes, visiting twice daily whenever possible, for four or five days, after that daily for nine or ten, and consider herself responsible for every case, however favourable, for three weeks to a month after the confinement.

### *Monthly Nursing.*

The chief duties of a monthly nurse are strict obedience to the doctor's orders, and keeping the patient perfectly aseptic and clean. No lying-in case should be touched until the nurse



has washed her hands thoroughly with soap, water and nail-brush, and then disinfected them in perchloride of mercury (1-500), or creoline and water (1 dr. to 1 pint). The mother should be washed and the bed made daily ; twice daily the vulva should be thoroughly cleansed and bathed with disinfectant lotion, applied hot, and without undue exposure for fear of chill. The bedpan, diaper, etc., should always be warmed before giving them to the patient. All soiled linen should be removed at once, taken out of the room and placed in cold water.

The infant should be bathed every morning and at the evening visit, if possible, the day gown should be changed, and invariably the napkins changed and the thighs, etc., washed and powdered. A full report of every detail concerning both the mother and child should be written daily for the doctor, and temperature and pulse recorded twice daily for at least six days. A daily visit should be continued for the fortnight, and longer if necessary.

The mother's diet will be directed by the doctor, but if a midwife is in sole charge she must arrange that it is easily digestible for the first two or three days ; after that time ordinary food may be resumed. A simple aperient is required not later than the third day, and by then lactation is generally established. Care must be taken that the unfortunate infant

is not fed with sugar and butter, gruel, etc., by its so-called friends. It usually needs nothing beyond being put to the breast twice or thrice daily for the first two or three days. It then should be fed regularly every two or three hours, the intervals being rather longer at night. If absolutely necessary, a little cow's milk with three parts of warm water, slightly sweetened, may be given. If not obtainable, condensed milk is a good substitute. Keeping the child constantly at the breast is a fruitful source of sore nipples, which too often lead to mammary abscess. When a midwife or nurse has the opportunity of seeing her patient before the confinement, she should advise that the nipples should be bathed at least twice daily with brandy and water or gin and water, to harden the skin. If soreness arises after confinement a glass shield with india-rubber teat should be used, and they must be bathed with warm water each time the child is suckled. Boracic lotion is a useful application, or a solution of tannic acid, but whatever is used must be washed off before giving the child the breast.

Sometimes the fulness and tenseness which occur at the beginning of lactation can be relieved by supporting the breasts for a time. A simple and efficient support is easily made by a small square of linen with tapes sewn to each corner. Two are tied round the waist, two

round the neck, in such a way that the breast is firmly and evenly supported. A fold may be made at the top of the square and secured by a safety pin, so covering the breast completely. This is also useful when frequent poultices or fomentations are ordered, as it is only necessary to untie the strings round the neck to change the application. Any sign of inflammation must be shown to a doctor at once, as a breast abscess is a formidable obstacle to a good recovery.

Every patient should be warned against the use of stimulants during the lying-in period except by special order from the doctor.

In case any suspicion of blood-poisoning should arise, both midwives and nurses must be guided by the views of the medical man as to beginning maternity work again. Most careful cleansing and disinfection of everything that has been exposed to infection is necessary. Mere abstaining from this work for a certain time is of no real value unless every other precaution is also taken.

District nurses should discourage free midwifery, except under special circumstances. Parents should be taught to realise their responsibility in this matter, and be encouraged to prepare for their children.

Unless specially desired, it is better for the cases to be under a doctor, and then the nurse

can attend under his directions without further expense to the parents, and render invaluable help. The patient has always to engage a woman to do the washing, look after the children, home, etc., and if the nurse takes entire charge of mother and infant they are saved from neglect or ignorant interference.

### *Concluding Remarks.*

In thus dealing with the sick poor in their own homes, district nurses who have grasped the inner meaning of their work have few limits to their powers of usefulness.

They can not only carefully carry out the wishes of the doctor, but can show the friends the necessity of cleanliness, proper feeding, etc., and give valuable object lessons on the points which every woman ought to know who wishes to help her friends in times of sickness. The main thing is to make the people understand there are reasons for such ways, that they are not mere fads of nurse or doctor. The right way is just as easy as the wrong in most things, and a few practical demonstrations with regard to simple sick cookery, to say nothing of more important details of cleanliness, etc., both for room and patient, will make not only that one patient more comfortable, but affect others, and lead by degrees to a better knowledge of these

facts. A nurse must keep on, "line upon line, precept upon precept," in this work, remembering she is fighting against generations of ignorance and tradition, and therefore not being easily discouraged by the frequent failure of her efforts to introduce better things.







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